

Name
in
Full

CERTIFICATE OF DEATH

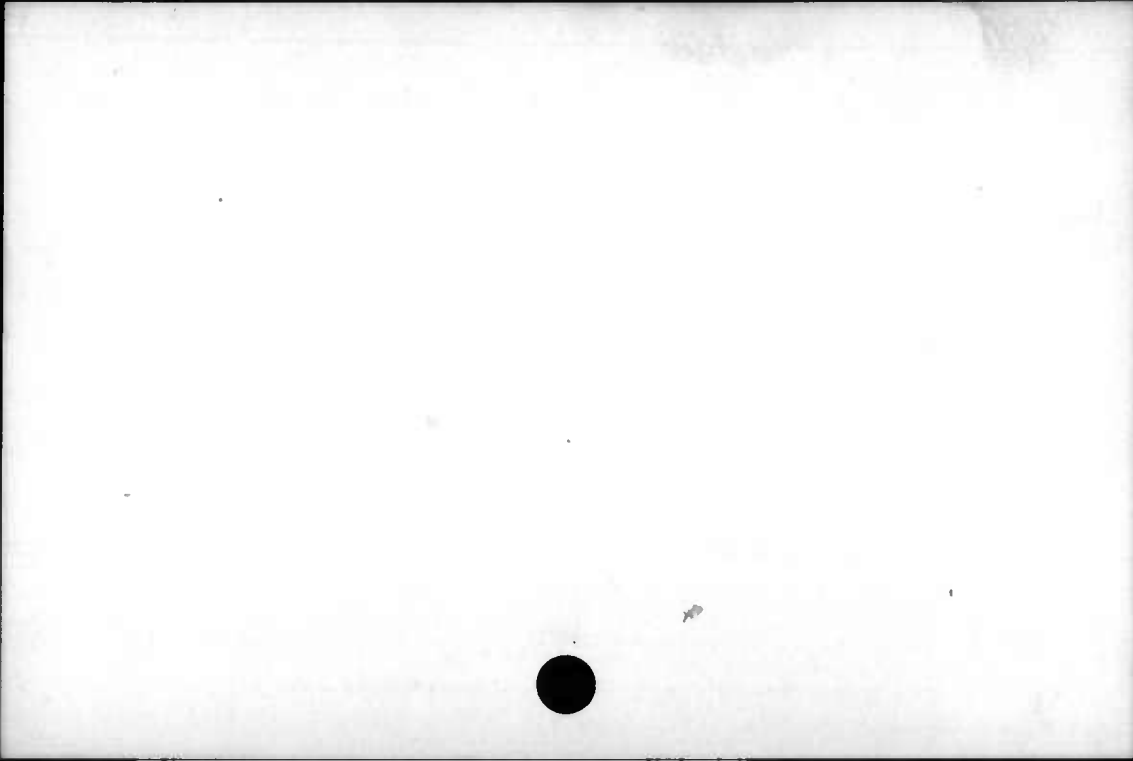
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Glyph</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	3	Month <i>March</i>	Day <i>20</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband							
Father's Name <i>Robert Day</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Physician</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>6 Weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. A. Nichols</i>	
<i>Yes</i>		Address <i>Dayton Ind</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

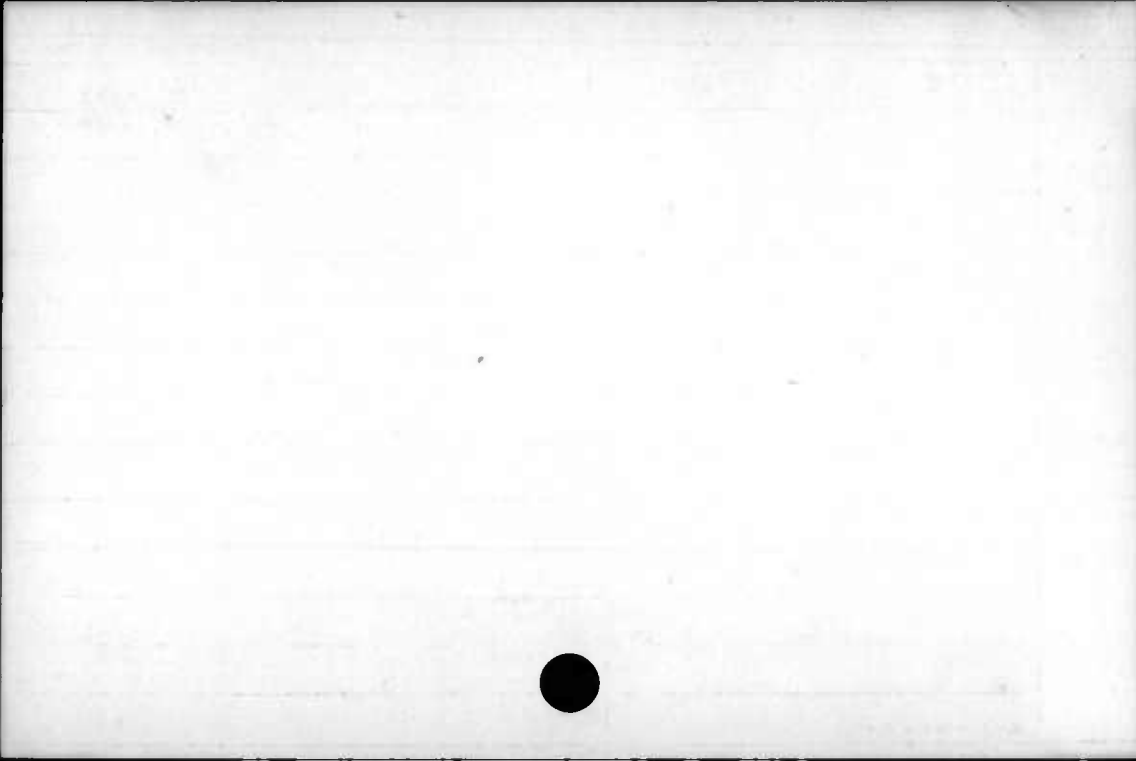
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cake Lane</i> Town		<i>Horseshoe</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>1</i>	Age Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Richard Brown</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Eveline Reese</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Richard Brown</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Richard Brown</i>
	Address <i>Cake Lane</i>
Accident or Suicide?	<i>Ind</i>



Name In Full

Certificate of Death

Not named

Died at Elk Ridge Town Howard Co County MARYLAND

Date 1903 March 4th Month Day Y. M. D. Age Still Born Native of Maryland Occupation none

Male White Married Widow Divorced Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Theodore Burton Mother's Name Constant Burton

Cause of Death { Primary Mal-position in labor Immediate labor } How long sick Accident, Suicide, Homicide

Reported by Arthur Williams M.D.

Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of

Name
in
Full

G. W. Connor Jr.

CERTIFICATE OF DEATH

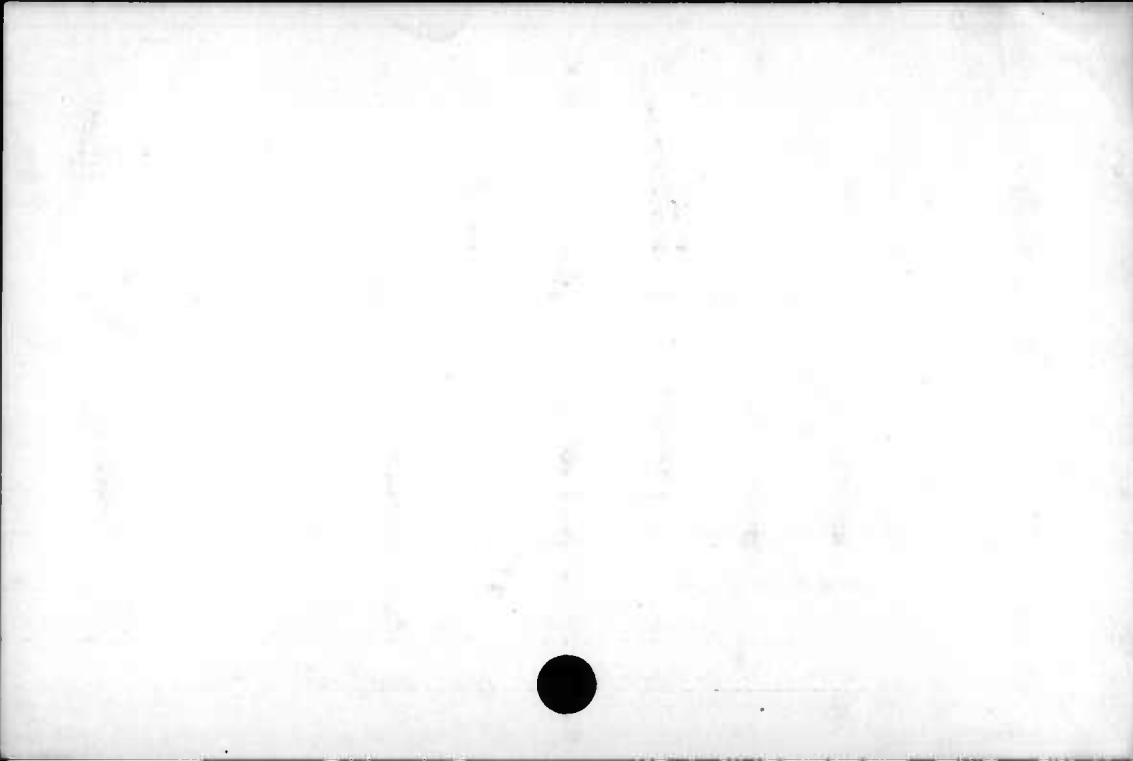
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Savage</i>		County <i>Howard</i>		MARYLAND	
Date of death 190	0	Month 3	Day 20	Age 47	Years	Months	Days 4
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Va.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Master</i>					
Name of Wife or Husband <i>Hannie Burke</i>							
Father's Name <i>G. W. Connor</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Sarah Strother</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving In formation <i>Hannie Connor</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 days</i>
Immediate	<i>Heart failure</i>	How long	<i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Minton M.D.</i>	
		Address <i>Savage Md.</i>	
Accident or Suicide? <i>Neither</i>			



Name
in
Full

Iora Cook

CERTIFICATE OF DEATH

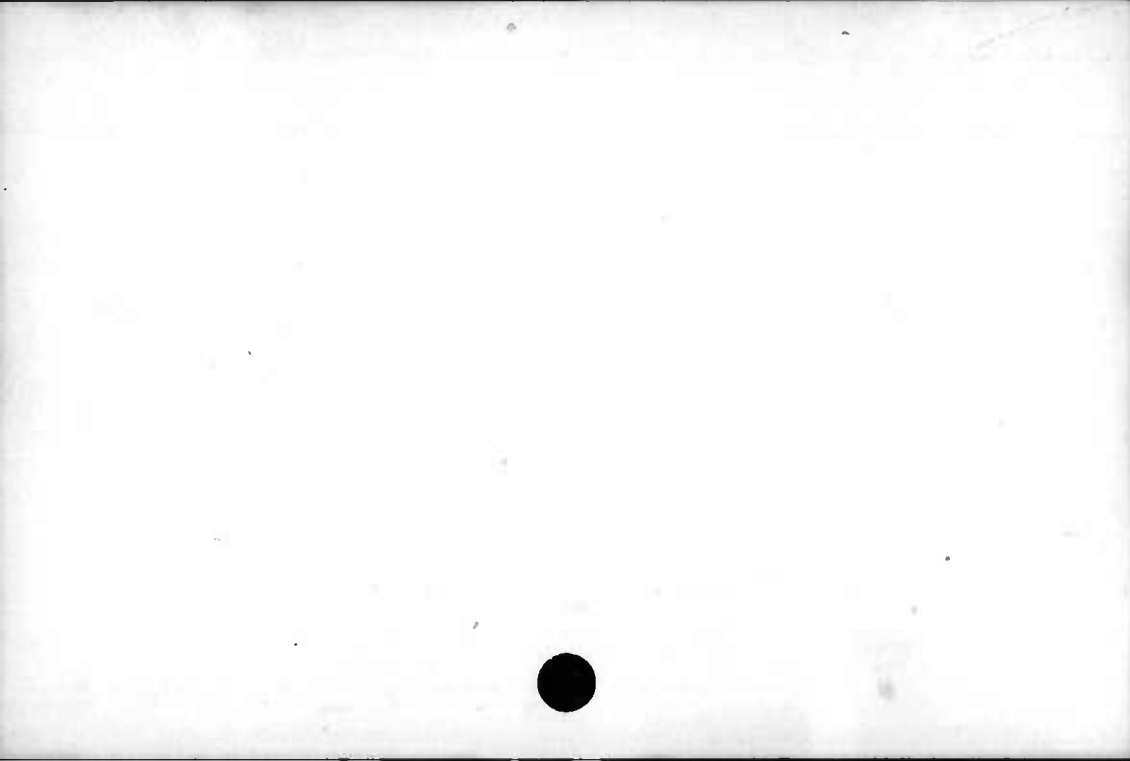
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dayton</u> ^{Town}		<u>Howard</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>Feb</u> ^{Day} <u>1st</u>		Age <u>14</u> ^{Years}		Months <u> </u> Days <u> </u>	
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>School child</u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Norman Cook</u>				Father's Birthplace <u>Ind</u>	
Mother's Maiden Name <u>Matilda Bruce</u>				Mother's Birthplace <u>Ind</u>	
Name of person giving information <u>S. A. Nichols</u>				How related to deceased <u>Physician</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 Year</u>
Immediate <u>Asthma</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>S. A. Nichols</u>
	Address <u>Dayton Ind</u>
Accident or Suicide? <u> </u>	



Name in Full

Certificate of Death

Rev P. F. Jernie

Died at ^{Town} St-Chas College^{County} Howard

MARYLAND

Date 1903 Mar 2

Age 83

Y. M. D.

Native of

Occupation

Priest-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's 2

Mother's 2

Name

Maiden Name

Cause of Primary

Erysipelas - Old age

How long sick

Feeble for years

Death Immediate

Erysipelas

Accident, Suicide, Homicide

Reported by

J. J. Byrne 18

Address

Ellicott City, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tulton</i> Town			<i>Heavard</i> County			MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>3</i>	Age <i>69</i>	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Nicholas Gravel</i>							
Father's Name <i>Jan Creighton</i>			Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Thompson</i>			Mother's Birthplace <i>Scotland</i>				
Name of person giving information <i>John Gravel</i>			<i>W</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 Hrs.</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. L. Lissel</i>
<i>Yes</i>	Address <i>Highland Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Thomas Jackson

Town

County

Died at

MARYLAND

Date 1903

Month Day
March 5

Age

Y. M. D.
- 3 -

Native of

Md

Occupation

Male

White

Married

Widow

-Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Eli Jackson

Mother's

Maiden Name

Mary Blackston

Cause of

Primary

How long sick

1 month

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

Wm R. Eareckson

Address

Eek Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79888



Jane Sophia Jensen
 Town County
 Died at Dayton Howard

MARYLAND

Date 1903 March 28 Y. M. D. Age 7 7 27 Native of Dayton Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of

Wife

Father's Name Alfred Jensen

Mother's Name Elizabeth Jensen

Cause of Primary Broncho Pneumonia

How long sick
 4 weeks

Death Immediate

Accident, Suicide, Homicide

Reported by Aug Stabler 92

Address Brighton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Reuben Dorey Johnson
 Town _____ County *Howard Co*

Died at

MARYLAND

Date 19

03

Month

March

Day

10

Y.

M.

D.

Native of

Occupation

Age

18

MD

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Thomas M. Johnson

Mother's

Maiden Name

Sarah Keene

Cause of

Primary

*Bronchitis**93*

How long sick

about one week

Death

Immediate

Pneumonia~~Accident, Suicide, Homicide~~

Reported by

William E. Hodges M.D.

Address

Elliot City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Ellen Jones

CERTIFICATE OF DEATH

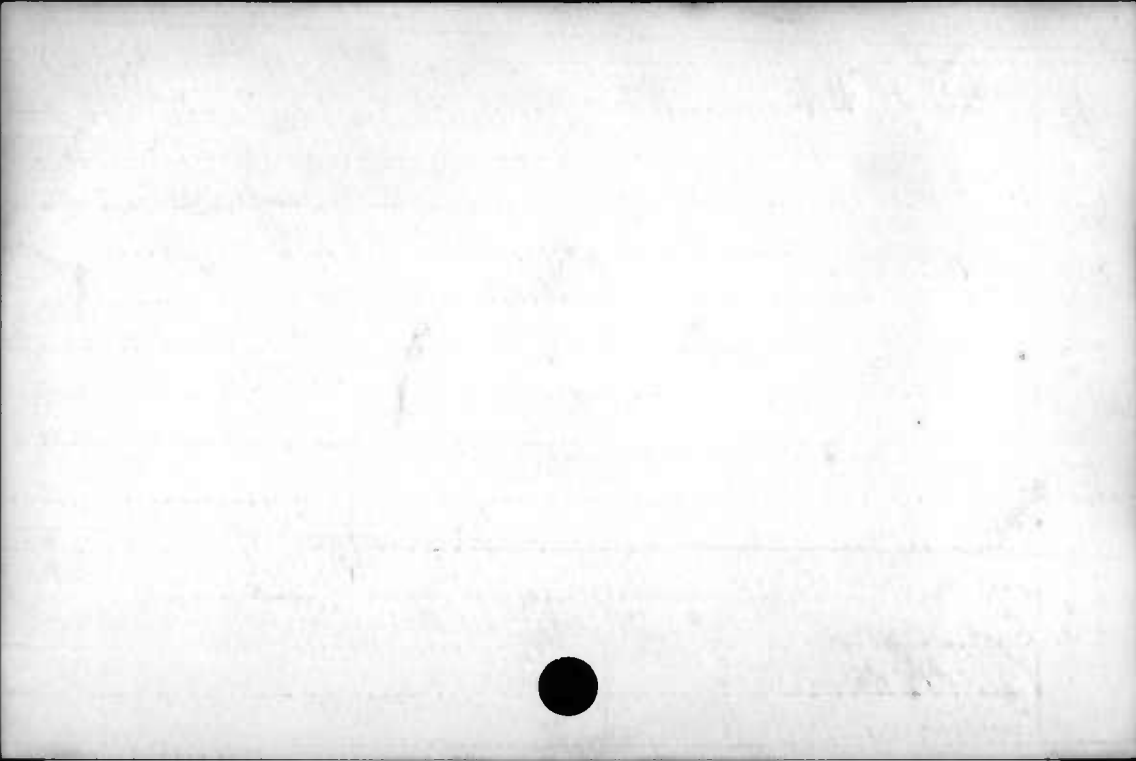
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Gonestown</i>		County <i>Howard Co.</i>		MARYLAND	
Date of death 1903	Month <i>March</i>	Day <i>17</i>	Age <i>82</i>	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>				
Name of Widow Husband <i>Nathan W. Jones</i>							
Father's Name <i>Louis Hopkin</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Nellie Clark</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving In formation <i>Mrs. Williams (?)</i>				How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long
Immediate <i>Asthenia</i>	How long <i>2 years (?)</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm B Lambright</i>
	Address <i>Alberton, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Nathan W. Jones

Town

County

Died at

Jonestown

Month

Day

Howard

Y.

M.

D.

MARYLAND

Date 1903

Mch

6

Age

82

Native of

Md

Occupation

Store Keeper

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Ellen Hopper

~~Wife~~

Father's

Name

Philemon Jones

Mother's

Maiden Name

Erena Waters

Cause of

Primary

Senility, Chronic Bronchitis

How long sick

3 years (?)

Death

Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Dr. W. B. Gaubril

Address

Sherston,

Howard Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY OF CONGRESS



Died at		Town <i>Alberton</i>		County <i>Howard</i>		MARYLAND	
Date <i>1905</i>		Month <i>March</i>	Day <i>18</i>	Y. <i>Still-Born</i>	M. <i>Still-Born</i>	D. <i>Still-Born</i>	Native of <i>Id</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband		Number of children living					
Wife							
Father's Name		<i>Albert Stanley Jones</i>		Mother's Name		<i>Sarah Ellen Connor</i>	
Cause of Death	Primary	<i>Prolonged & Difficult Labor</i>					How long sick <i>Still-Born</i>
	Immediate	<i>Compression of Cord</i>					Accident, Suicide , Homicide
Reported by		<i>Dr. W. B. Gambrell</i>					
Address		<i>Alberton Howard Co. Md.</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MAINTAIN

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MAINTAIN



Name in Full

Certificate of Death

Daniel Laffey

Died at Elk Ridge

Town

County

Howard

MARYLAND

Date 1903 March 4th

Month

Day

Y.

M.

D.

Age

75

Native of

Occupation

Irish Merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Three

Husband

of

~~Wife~~

Father's

Name

Ellen Laffey

Mother's

Name

Cause of

Primary

Heart disease

How long sick

2 years

Death

Immediate

Heart disease

~~Accident, Suicide, Homicide~~

Reported by

Arthur Williams M.D.

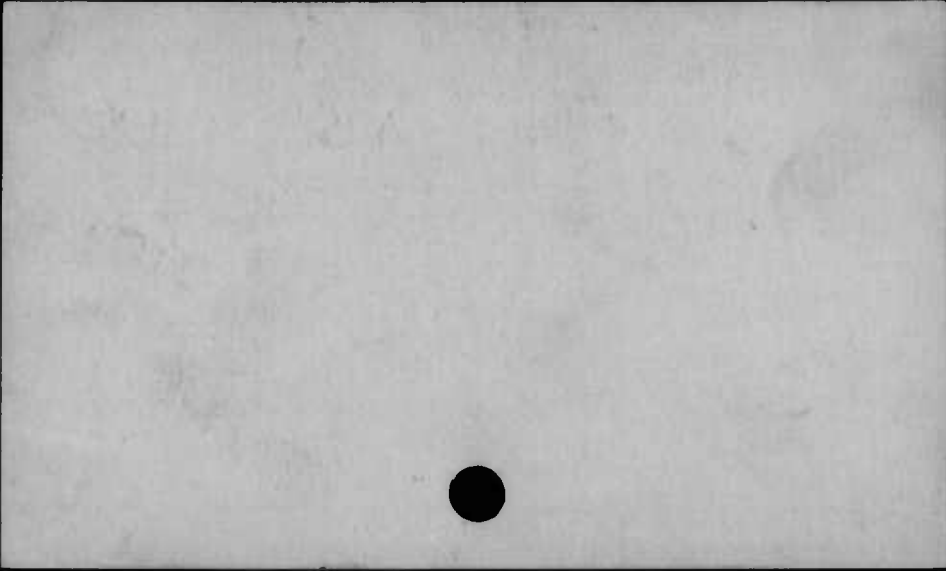
Address

Elk Ridge

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25062



Name
in
Full

19

Maggie Layton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Florence

County

Howard

MARYLAND

Date

of death 1903

Month

Mar.

Day

21

Age

Years

41

Months

9

Days

13

Sex

Female

Color or
Race

White

Birth-
place

Va

Married, Single
or Widowed

Married

Occupation

Wife

Name of Wife or
Husband

Charles J. Layton

Father's
Name

Wm McSherry

Father's
Birthplace

Va

Mother's
Maiden Name

Emma J Allen

Mother's
Birthplace

Va

Name of person giving
In formation

Lehas Layton

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Lung tuberculosis

How long

Several years

Immediate

✓

27

How long

?

Are the name, age, sex, color, date,
and place correctly given above?Signature of
Physician

C. W. Lacy

Address

Linton

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

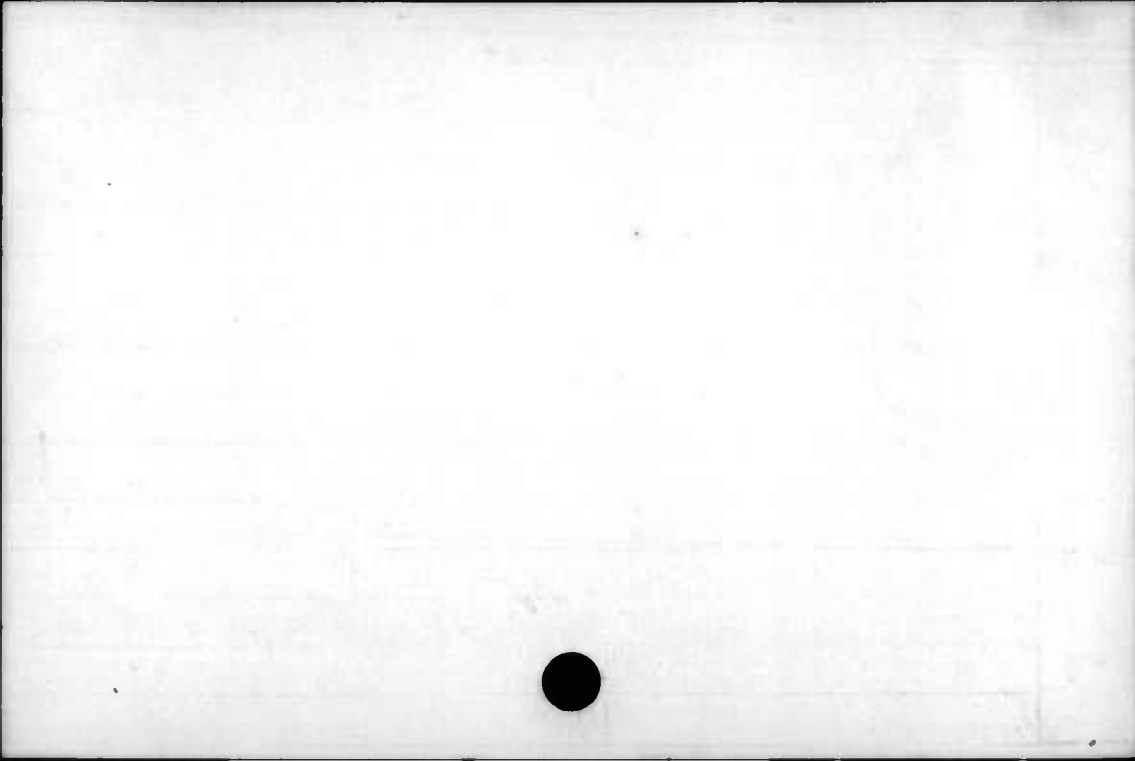
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ellicott City		County Howard		MARYLAND	
Date of death 190		Month March	Day 18	Age 60 yrs		Months —	Days —
Sex Male		Color or Race White		Birth- place Mount St Albans			
Married, Single or Widowed		Married		Occupation Agent			
Name of Wife or Husband		Mary J. McClelland					
Father's Name		John McClelland				Father's Birthplace Loughlin, Ireland	
Mother's Maiden Name		Emily J. McClelland				Mother's Birthplace Howard Co	
Name of person giving In formation		wife				How related to deceased —	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pycemia	How long	one week
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John F. Mangum M.D.	
		Address Ellicott City	
Accident or Suicide?			



Name
in
Full

Clara McKenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Ellicott City*^{County} *Howard*

MARYLAND

Date of death 1903 ^{Month} *Mar* ^{Day} *1*^{Years} *16*^{Months} *5*^{Days} *28*Sex *Female*Color or Race *White*Birth-place *Baltimore Co., Md*~~Married~~, Single
or ~~Widowed~~Occupation *_____*Name of Wife or
Husband *_____*Father's Name *Pilas McKenzie*Father's Birthplace *Balt. Co. Md*Mother's Maiden Name *Mary A. Dyson*Mother's Birthplace *Balt. Co. Md*Name of person giving
In formation *Pilas McKenzie*How related
to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis*How long *1 year*Immediate *Asthma*

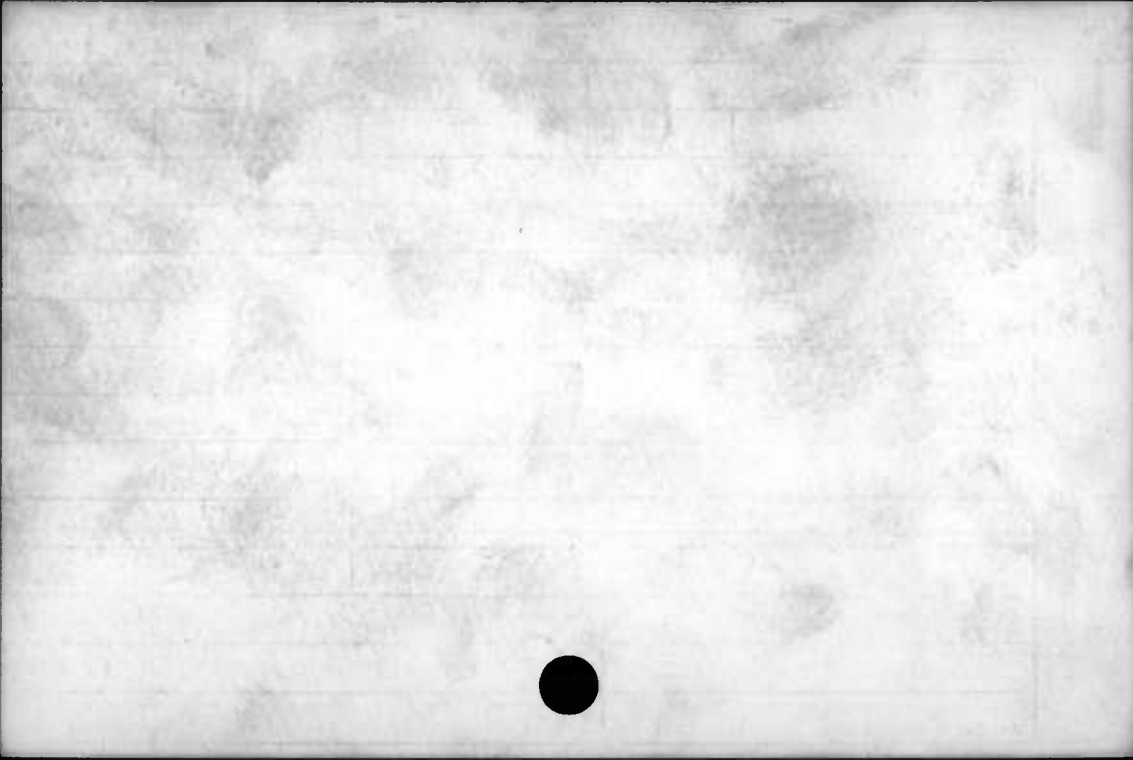
How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Wm B. Gaubill*

Address

Elberton, Md

Accident or Suicide?

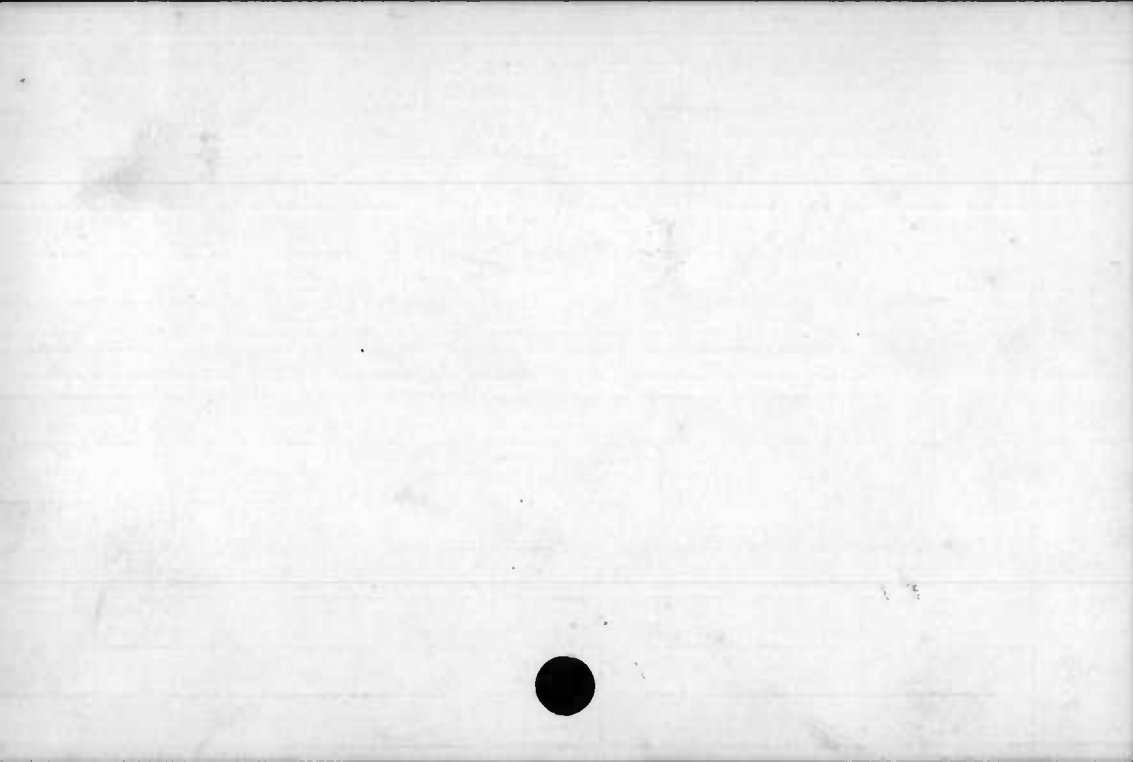


Name in Full		Joseph Miles				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hutch Ridge</i> ^{Town}		<i>Hound Co.</i> ^{County}		MARYLAND <i>Md</i>	
		Date of death 190 <i>3</i> ^{Month} <i>March</i> ^{Day} <i>8</i>		Age <i>1</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hound Co.</i>	
		Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
		Name of Wife or Husband <i>—</i>					
		Father's Name <i>John W. Miles</i>				Father's Birthplace <i>Hound Co.</i>	
		Mother's Maiden Name <i>Margaret H. Coors</i>				Mother's Birthplace <i>Hound Co.</i>	
		Name of person giving information <i>John W. Miles</i>				How related to deceased <i>Father</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pneumonia</i>				How long <i>2 weeks</i>	
		Immediate <i>Indemic</i>				How long <i>—</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. H. Byers</i>	
						Address <i>Leland, Mo.</i>	
		Accident or Suicide? <i>—</i>					

1903. 12-1-1



Name in Full						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 190		Month	Day	Years	Months	
	Sex		Color or Race		Birth-place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div>CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
Full

Margaret A Mollineux

CERTIFICATE OF DEATH

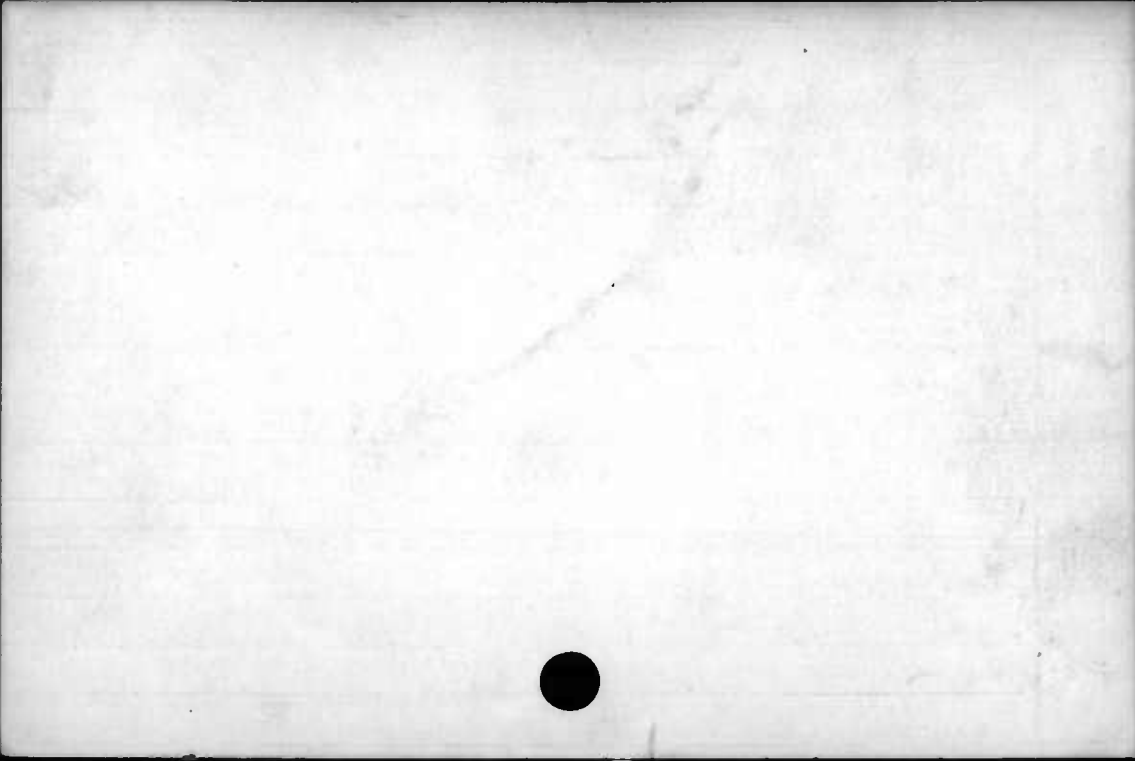
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	3	Month	March	Day	11	Age	56
Sex		Female		Color or Race		White	
Married, Single or Widowed		Married		Occupation		housewife	
Name of Wife or Husband		Basil Mollineux					
Father's Name		_____					
Mother's Maiden Name		_____					
Name of person giving information		Basil Mollineux		How related to deceased		Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	measels complicated by heart disease	How long	
Immediate	heart disease	How long	fell in floor and died in a few minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Arthur Williams	
Address		Elk Ridge Maryland Howard Co	
Accident or Suicide?		2	



Name
in
Full

CERTIFICATE OF DEATH

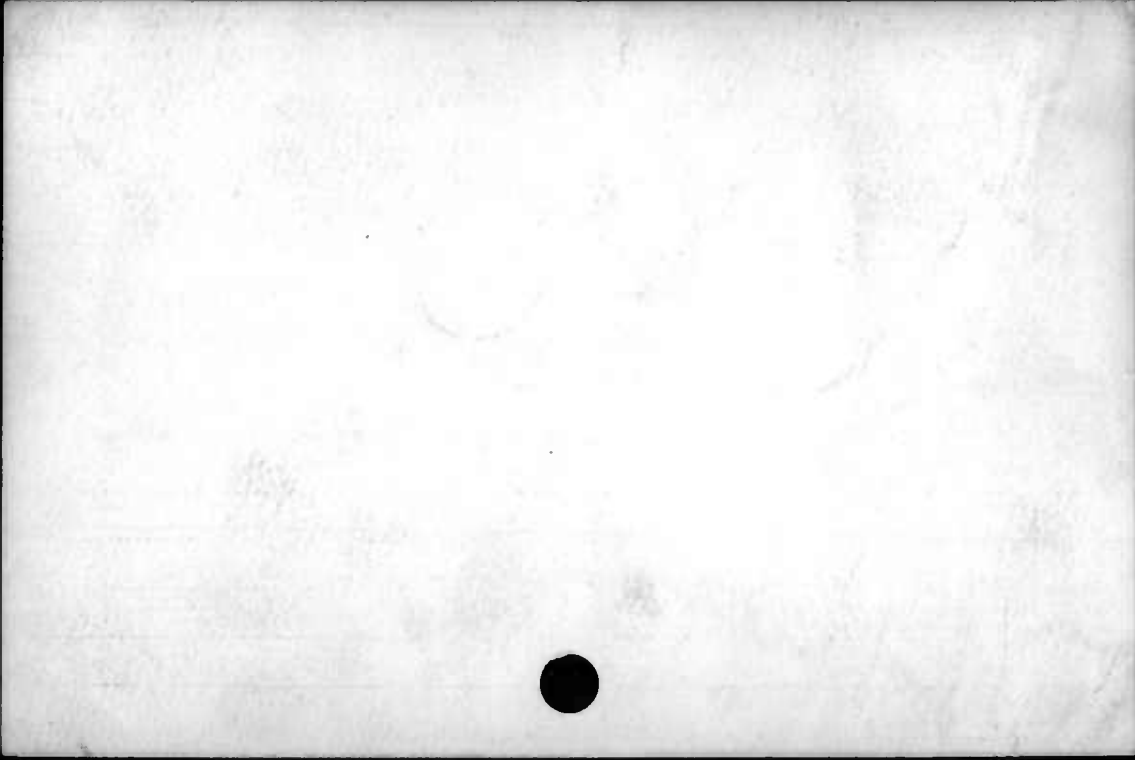
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clarissa Smith* Town *her home* County *Howard* MARYLAND

Died at *her home*

Date of death 190 *3* Month *3* Day *30* Age *5-8* Years Months Days

Sex *female* Color or Race *black* Birth-place *Md*

Married, Single or Widowed *married* Occupation *House wife*

Name of Wife or Husband *Lamm Smith*

Father's Name *Lamm Hopkins* Father's Birthplace *Md*

Mother's Maiden Name *Fannie Hopkins* Mother's Birthplace *Md*

Name of person giving information *Agnes Brown* How related to deceased *friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

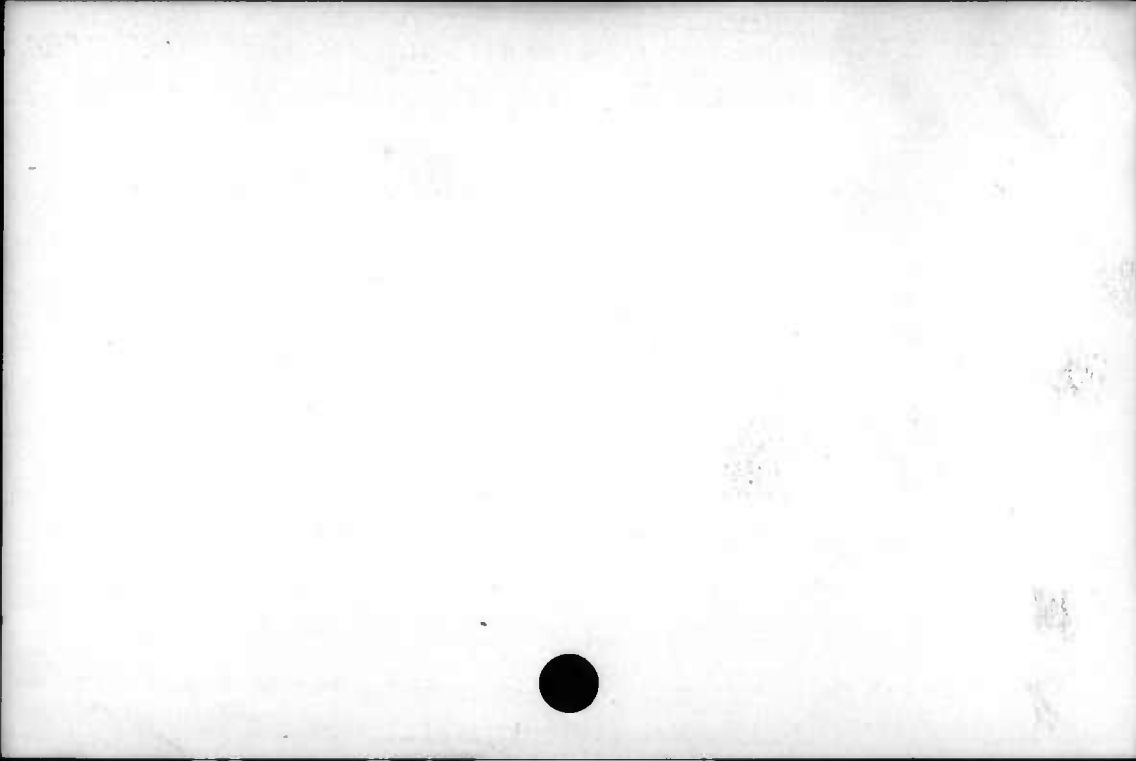
Primary *Paralysis - General* How long *18 months*

Immediate *Exhaustion* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. Littlejohn M.D.*

Address *Savage Md*

Accident or Suicide? *no*



Name
in
Full

Dennis Tibb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Columbia		County Howard		MARYLAND	
Date of death 190	3	Month 3	Day 20	Age Years	15	Months 2	Days
Sex	Male		Color or Race	Black		Birth- place	MD
Married, Single or Widowed	Single			Occupation Laborer			
Name of Wife or Husband _____							
Father's Name	Daniel Tibb				Father's Birthplace	Va	
Mother's Maiden Name	Sarah J. Smith				Mother's Birthplace	MD	
Name of person giving In formation	Henry Williamson				How related to deceased	Friend	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		93	How long	17 days
Immediate	Heart Failure			How long	1/2 days
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	W. M. Wintburn M.D.
			Address	Savage MD	
Accident or Suicide?			No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Elizabeth Mayfield* Town *Impersonville* County *Kernaud*

Died at *Impersonville*

Date of death 1903 Month *3* Day *27* Age Years *70* Months *1* Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Widow* Occupation *Housewife*

Name of Wife or Husband *Wm Mayfield*

Father's Name *Nicholas Lyddane* Father's Birthplace *—*

Mother's Maiden Name *Mary Ann Barret* Mother's Birthplace *—*

Name of person giving information *Harry Cole* How related to deceased *Grandchild*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* How long *4-5* *1 yr.*

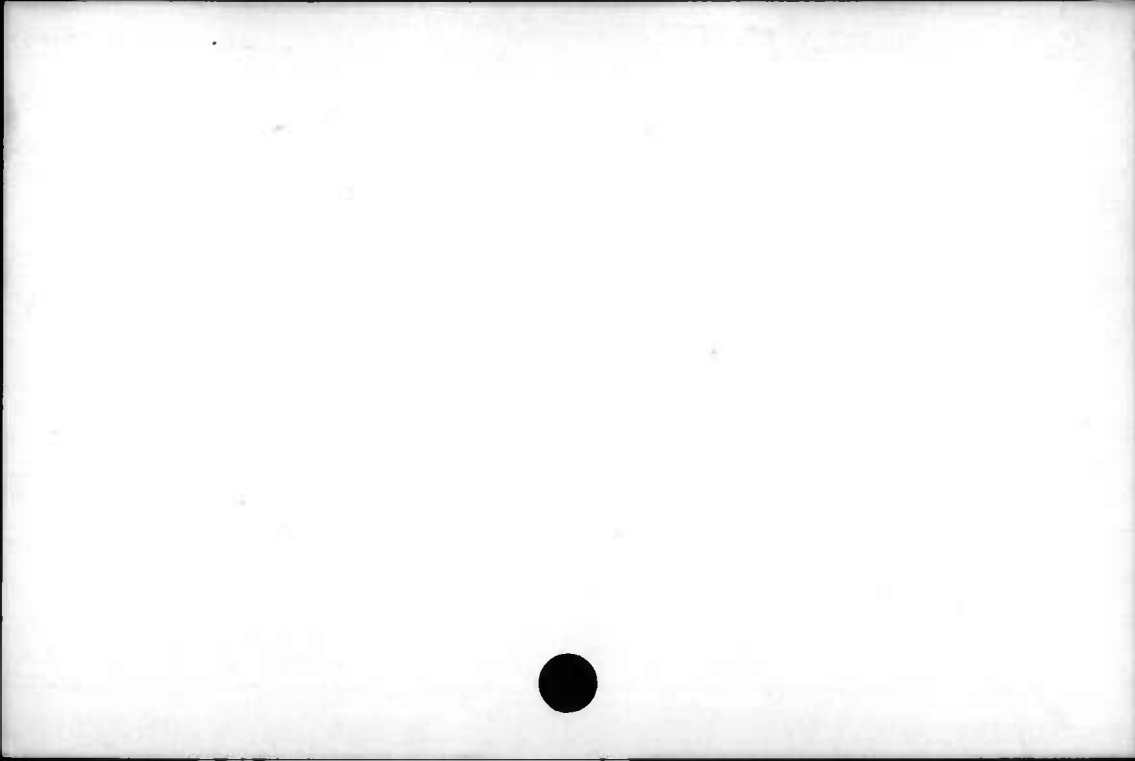
Immediate *Marasmus* How long *2 mos.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. R. L. Cissel*

Address *Highland, Ind.*

Accident or Suicide? *—*



Name

in
Full

CERTIFICATE OF DEATH

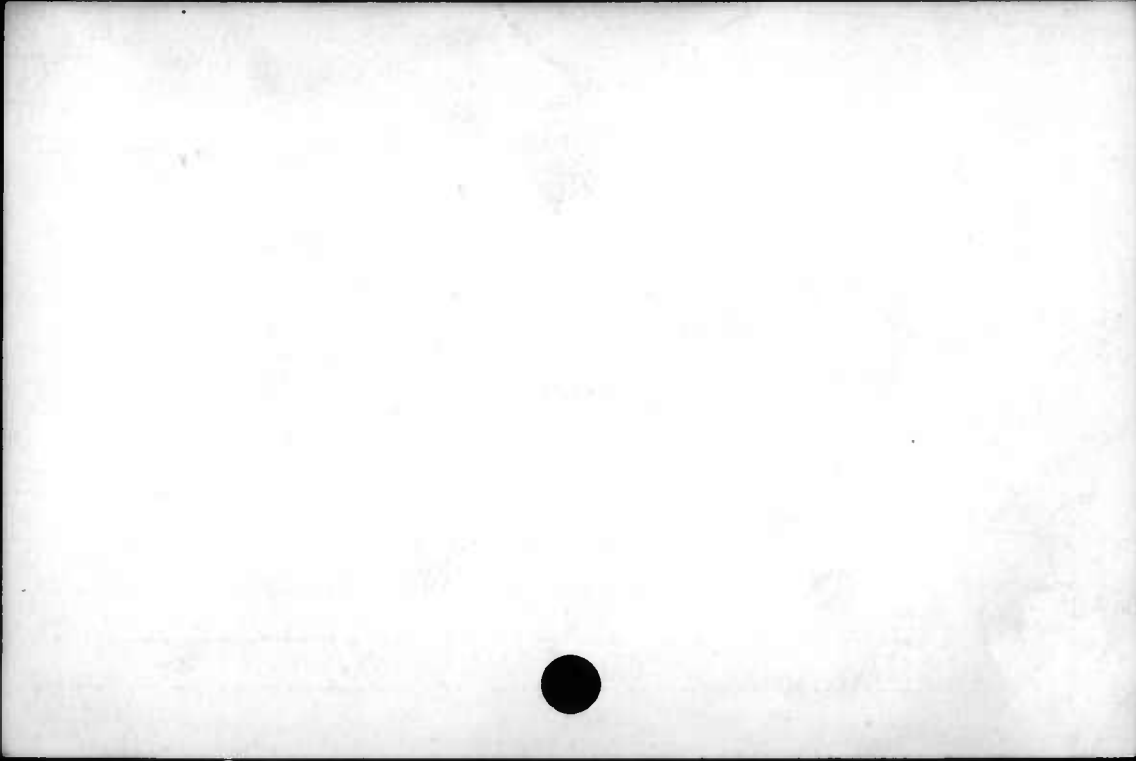
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name In Full

Certificate of Death

Child unnamed

Died at

Town
Gary

County

Howard

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar 22

Age

4

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~~~Number of children living~~Husband
of
Wife

Jas W Rogers

Father's
Name

Mother's

Maiden Name

Lena Worthington

Cause of

Primary

How long sick

4 days

Death

Immediate

Unknown

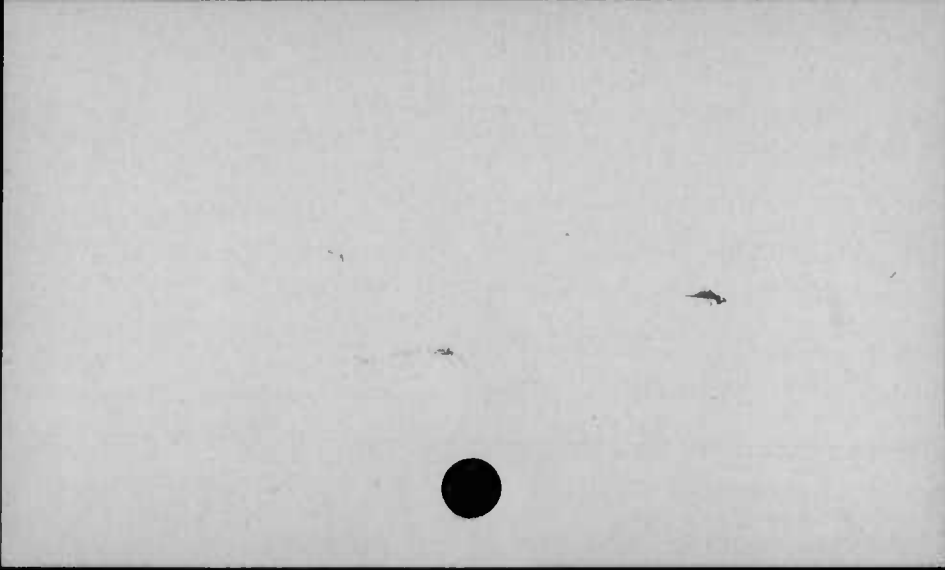
~~Accident, Suicide, Homicide~~

Reported by

Julia Poness
Clenwood

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Katie Zellmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Peffer's Corner</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>1</i>	Age	Years	Months	Days <i>12</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>Martin Zellmer</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Helen Komniski</i>				Mother's Birthplace <i>Russia</i>			
Name of person giving information <i>farther</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Miscarriage</i>	How long <i>12 days</i>
Immediate <i>151</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Williams reported by Milton Easton</i>
	Address <i>Albion City</i>
Accident or Suicide?	

